



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Plan

NAIC Group Code

3408

3408

(Current)

(Prior)

NAIC Company Code

95849

Employer's ID Number

38-2356288

Organized under the Laws of

Michigan

, State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Health Maintenance Organization

Is HMO Federally Qualified? Yes [☐] No [☒]

Incorporated/Organized

12/18/1980

Commenced Business

10/01/1981

Statutory Home Office

1400 East Michigan Avenue

(Street and Number)

Lansing , MI, US 48912

(City or Town, State, Country and Zip Code)

Main Administrative Office

1400 East Michigan Avenue

(Street and Number)

Lansing , MI, US 48912

(City or Town, State, Country and Zip Code)

517-364-8400

(Area Code) (Telephone Number)

Mail Address

1400 East Michigan Avenue

(Street and Number or P.O. Box)

Lansing , MI, US 48912

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1400 East Michigan Avenue

(Street and Number)

Lansing , MI, US 48912

(City or Town, State, Country and Zip Code)

517-364-8400

(Area Code) (Telephone Number)

Internet Website Address

www.phpmichigan.com

Statutory Statement Contact

Kevin Essenmacher

(Name)

517-364-8400

(Area Code) (Telephone Number)

kevin.essenmacher@phpmm.org

(E-mail Address)

517-364-8407

(FAX Number)

OFFICERS

President

Dennis Reese

Chairperson

James Butler III

Secretary

Thomas Hofman PhD

OTHER

DIRECTORS OR TRUSTEES

Diana Rodriguez Algra	James Butler III	April Clobes
Merritta Proctor	MaryLee Davis PhD	Timothy Hodge DO
Thomas Hofman PhD	James Tischler	David Kaufman DO
Shalimar Maynard	Deborah Muchmore	Dennis Swan
Mark Brett	Brittany Bogan	

State of

Michigan

County of

Ingham

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Reese

President

Thomas Hofman, PhD

Secretary

James Butler, III

Chairperson

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [☒] No [☐]
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
MEDCO	228,500	228,500	228,500	997,200	996,800	685,900
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	228,500	228,500	228,500	997,200	996,800	685,900
.....						
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	154,165	23,526	0	0	177,691	0
0299999. Total Claim Overpayment Receivables	154,165	23,526	0	0	177,691	0
.....						
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
.....						
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
.....						
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Maternity Case Rate Recievable	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
.....						
.....						
.....						
0799999 Gross health care receivables	382,665	252,026	228,500	997,200	1,174,491	685,900

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	2,123,849	962,587	0	1,682,700	2,123,849	1,580,000
2. Claim overpayment receivables	130,066	1,495,755	17,965	159,727	148,030	297,412
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	228,379	0	0	0	228,379	264,800
7. Totals (Lines 1 through 6)	2,482,293	2,458,342	17,965	1,842,427	2,500,257	2,142,212

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	7,486,987	4.9	XXX	XXX		7,486,987
6. Contractual fee payments	139,300,144	92.0	XXX	XXX	139,300,144	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,594,538	3.0	XXX	XXX	4,594,538	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	151,381,669	100.0	XXX	XXX	143,894,682	7,486,987
13. TOTAL (Line 4 plus Line 12)	151,381,669	100%	XXX	XXX	143,894,682	7,486,987

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	982,653		978,802	3,852	3,852	0
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	982,653	0	978,802	3,852	3,852	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Physicians Health Plan 2. Lansing, MI

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3408		Michigan		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95849	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	30,136	21	30,115								
2.	First Quarter	32,103	1,363	30,740								
3.	Second Quarter	32,418	1,375	31,043								
4.	Third Quarter	33,960	1,284	32,676								
5.	Current Year	33,972	1,149	32,823								
6.	Current Year Member Months	393,510	12,200	381,310								
Total Member Ambulatory Encounters for Year:												
7.	Physician	226,600	8,302	218,298								
8.	Non-Physician	107,099	3,168	103,931								
9.	Total	333,699	11,470	322,229	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	8,793	362	8,432								
11.	Number of Inpatient Admissions	2,236	98	2,139								
12.	Health Premiums Written (b)	164,837,756	5,096,692	159,741,064								
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	164,837,756	5,096,692	159,741,064								
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	151,381,669	4,058,150	147,319,226				3,003			1,289	
18.	Amount Incurred for Provision of Health Care Services	147,118,810	4,561,128	142,557,682								

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.MI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Physicians Health Plan 2. Lansing, MI

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		(LOCATION)	
3408										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	30,136	21	30,115	0	0	0	0	0	0	0
2.	First Quarter	32,103	1,363	30,740	0	0	0	0	0	0	0
3.	Second Quarter	32,418	1,375	31,043	0	0	0	0	0	0	0
4.	Third Quarter	33,960	1,284	32,676	0	0	0	0	0	0	0
5.	Current Year	33,972	1,149	32,823	0	0	0	0	0	0	0
6.	Current Year Member Months	393,510	12,200	381,310	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7.	Physician	226,600	8,302	218,298	0	0	0	0	0	0	0
8.	Non-Physician	107,099	3,168	103,931	0	0	0	0	0	0	0
9.	Total	333,699	11,470	322,229	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	8,793	362	8,432	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	2,236	98	2,139	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	164,837,756	5,096,692	159,741,064	0	0	0	0	0	0	0
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	164,837,756	5,096,692	159,741,064	0	0	0	0	0	0	0
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	151,381,669	4,058,150	147,319,226	0	0	0	3,003	0	0	1,289
18.	Amount Incurred for Provision of Health Care Services	147,118,810	4,561,128	142,557,682	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.GT

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 - Totals											

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
10227	13-4924125	01/01/2015	Munich Reinsurance America, Inc.	United States	ASL/A/I	Comprehensive Major Medical	1,910,512	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							1,910,512	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,910,512	0	0	0	0	0	0
1199999. Total General Account Authorized							1,910,512	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							1,910,512	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,910,512	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							1,910,512	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	1,911	1,741	1,506	1,808	2,211
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	333	14	42	206	0
8. Reinsurance recoverable on paid losses	407	124	119	150	334
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0	0	XXX
18. Funds deposited by and withheld from (F)			0	0	XXX
19. Letters of credit (L)			0	0	XXX
20. Trust agreements (T)			0	0	XXX
21. Other (O)			0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	74,637,325		74,637,325
2. Accident and health premiums due and unpaid (Line 15)	1,043,458		1,043,458
3. Amounts recoverable from reinsurers (Line 16.1)	565,748		565,748
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	4,046,881		4,046,881
6. Total assets (Line 28)	80,293,413	0	80,293,413
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	13,723,322		13,723,322
8. Accrued medical incentive pool and bonus payments (Line 2)	587,843		587,843
9. Premiums received in advance (Line 8)	1,686,283		1,686,283
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	6,117,883		6,117,883
15. Total liabilities (Line 24)	22,115,331	0	22,115,331
16. Total capital and surplus (Line 33)	58,178,082	XXX	58,178,082
17. Total liabilities, capital and surplus (Line 34)	80,293,413	0	80,293,413
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

NONE

Asterisk	Explanation

Schedule Y - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
12.

Not Applicable
13.

Not Applicable
15.

Not Applicable
16.

Not Applicable
18.

Not Applicable
19.

Not Applicable
20.

Not Applicable
21.

Not Applicable
22.

Not Applicable
23.

Not Applicable

Bar Codes:	
12.	Life Supplement [Document Identifier 205]
13.	Property/Casualty Supplement [Document Identifier 207]
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]
21.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
22.	Life Supplement [Document Identifier 211]
23.	Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]



SUPPLEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 3408 NAIC Company Code 95849
ADDRESS (City, State and Zip Code) Lansing , MI 48912
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2015 OF THE Physicians Health Plan

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 3408		(To Be Filed by March 1)				NAIC Company Code 95849	
		Individual Coverage		Group Coverage		5	
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash	
1.	Premiums Collected						
1.1	Standard Coverage						
1.11	With Reinsurance Coverage		XXX		XXX		0
1.12	Without Reinsurance Coverage		XXX		XXX		0
1.13	Risk-Corridor Payment Adjustments		XXX		XXX		0
1.2	Supplemental Benefits		XXX		XXX		0
2.	Premiums Due and Uncollected-change						
2.1	Standard Coverage						
2.11	With Reinsurance Coverage		XXX		XXX	XXX	
2.12	Without Reinsurance Coverage		XXX		XXX	XXX	
2.2	Supplemental Benefits		XXX		XXX	XXX	
3.	Unearned Premium and Advance Premium-change						
3.1	Standard Coverage						
3.11	With Reinsurance Coverage		XXX		XXX	XXX	
3.12	Without Reinsurance Coverage		XXX		XXX	XXX	
3.2	Supplemental Benefits		XXX		XXX	XXX	
4.	Risk-Corridor Payment Adjustments-change						
4.1	Receivable		XXX		XXX	XXX	
4.2	Payable		XXX		XXX	XXX	
5.	Earned Premiums						
5.1	Standard Coverage						
5.11	With Reinsurance Coverage	0	XXX	0	XXX	XXX	
5.12	Without Reinsurance Coverage	0	XXX	0	XXX	XXX	
5.13	Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX	
5.2	Supplemental Benefits	0	XXX	0	XXX	XXX	
6.	Total Premiums	0	XXX	0	XXX		0
7.	Claims Paid						
7.1	Standard Coverage						
7.11	With Reinsurance Coverage		XXX		XXX		0
7.12	Without Reinsurance Coverage		XXX		XXX		0
7.2	Supplemental Benefits		XXX		XXX		0
8.	Claim Reserves and Liabilities-change						
8.1	Standard Coverage						
8.11	With Reinsurance Coverage		XXX		XXX	XXX	
8.12	Without Reinsurance Coverage		XXX		XXX	XXX	
8.2	Supplemental Benefits		XXX		XXX	XXX	
9.	Health Care Receivables-change						
9.1	Standard Coverage						
9.11	With Reinsurance Coverage		XXX		XXX	XXX	
9.12	Without Reinsurance Coverage		XXX		XXX	XXX	
9.2	Supplemental Benefits		XXX		XXX	XXX	
10.	Claims Incurred						
10.1	Standard Coverage						
10.11	With Reinsurance Coverage	0	XXX	0	XXX	XXX	
10.12	Without Reinsurance Coverage	0	XXX	0	XXX	XXX	
10.2	Supplemental Benefits	0	XXX	0	XXX	XXX	
11.	Total Claims	0	XXX	0	XXX		0
12.	Reinsurance Coverage and Low Income Cost Sharing						
12.1	Claims Paid - Net of Reimbursements Applied	XXX		XXX			0
12.2	Reimbursements Received but Not Applied-change	XXX		XXX			0
12.3	Reimbursements Receivable-change	XXX		XXX		XXX	
12.4	Health Care Receivables-change	XXX		XXX		XXX	
13.	Aggregate Policy Reserves-change					XXX	
14.	Expenses Paid		XXX		XXX		0
15.	Expenses Incurred		XXX		XXX	XXX	
16.	Underwriting Gain/Loss	0	XXX	0	XXX	XXX	
17.	Cash Flow Results	XXX	XXX	XXX	XXX		0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 24

Exhibit 8 - Furniture, Equipment and Supplies Owned 25

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 30

Five-Year Historical Data 29

General Interrogatories 27

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 26

Overflow Page For Write-ins 44

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E19

Schedule DB - Part A - Verification Between Years SI11

Schedule DB - Part B - Section 1 E20

Schedule DB - Part B - Section 2 E21

Schedule DB - Part B - Verification Between Years SI11

Schedule DB - Part C - Section 1 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - Verification Between Years SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14